

STATE LOCAL PARTNERSHIP PROGRAM

Grant Application

Deadline: October 19, 2007

A. APPLICANT AND ORGANIZATION INFORMATION

General Operating Support Request: _____

☐ Regional Partnership ☐ New Partner

1. Organization Information

Popular name: _____

Legal name: _____

Federal Employer ID #: _____

Address: _____

City: _____, CA.

Zip Code: _____

County: _____

County Population: _____

Telephone: (____)____ - ____ ext. ____

Fax: (____)____ - ____ ext. ____

Email: _____

Web address: _____

2. Executive Director:

First: _____

Last: _____

Telephone: (____)____ - ____ ext. ____

Email: _____

3. Contact Person on Board of Directors

First: _____

Last: _____

Telephone: (____)____ - ____ ext. ____

Email: _____

4. Administrative Director

First: _____

Last: _____

Telephone: (____)____ - ____ ext. ____

Email: _____

Compliance:

I certify that the applicant organization has proof of nonprofit status under sec.501© (3) of the Internal Revenue Code, or under sec. 23701d of the California Revenue and Taxation Code, or that applicant is a unit of government; that applicant has been consistently engaged in arts programming for a specific number of years prior to time of application; that applicant complies with the Civil Rights Act of 1964, as amended; sec 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; observes provisions of the Drug Free Workplace Act of 1988; and California Government Code secs.11135-11139.5 (barring discrimination); that applicant complies with the Fair Labor Standard act, as defined by the Secretary of Labor in part 505 of title 29 of the Code of Federal Regulation; the American With Disabilities Act of 1990; and the Fair Employment and Housing Act; that applicant has its principal place of business in California; has completed prior contract evaluations, if applicable; and has approval of applicant's board of directors or other governing body. I hereby certify that to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct. The following signature must be by an authorized member of the board, not the Executive Director.

Applicant Signature - authorized board member

Name:

Title:

Date:

Fiscal Receiver (if applicable)

Name:

Title:

Date:

ORGANIZATION NAME:

5. County (or City) Government Contact (If a regional partnership, submit contact names for each county)

A. First: _____ Last: _____
Title: _____ Email: _____
Telephone: () - ext. Fax: () - ext.
Address: _____
City: _____, CA. Zip Code: _____

If regional partnership:

B. First: _____ Last: _____
Title: _____ Email: _____
Telephone: () - ext. Fax: () - ext.
Address: _____
City: _____, CA. Zip Code: _____

C. First: _____ Last: _____
Title: _____ Email: _____
Telephone: () - ext. Fax: () - ext.
Address: _____
City: _____, CA. Zip Code: _____

B. PERSONNEL INFORMATION

Number of staff: Indicate the numbers of all personnel (salaried, contracted, and non-paid) in your organization using the following categories.

	Number of paid full-time staff	Number of paid part-time or contracted staff	Number of non paid staff (volunteers)
Artistic			
Administrative			
Technical			

ORGANIZATION NAME:

C. ORGANIZATIONAL BUDGET SUMMARY

Fiscal Year begins (month) ____ This budget summary is to cover three full years, 12 months per year. If your fiscal year corresponds to the calendar year, include budgets for 2006, 2007, and 2008.

Operating Budget Only	06-07	07-08	08-09
I. INCOME	(actual)	(current)	(projected)
A. CONTRIBUTED			
1. Federal Government	_____	_____	_____
2. State Government (<i>exclude this request</i>)	_____	_____	_____
3. Local/Municipal Government	_____	_____	_____
4. Individual Contributions	_____	_____	_____
5. Business/Corporate Contributions	_____	_____	_____
6. Grant Award Requested	_____	_____	_____
(<i>place in appropriate year</i>)			
7. Foundations	_____	_____	_____
8. Memberships	_____	_____	_____
9. Fundraising Events (gross)	_____	_____	_____
10. Other: _____	_____	_____	_____
Subtotal Contributed	\$ 0	\$ 0	\$ 0
B. EARNED			
11. Admissions	_____	_____	_____
12. Touring	_____	_____	_____
13. Contract Services	_____	_____	_____
14. Tuition/Workshops	_____	_____	_____
15. Product Sales/Concessions	_____	_____	_____
16. Investment Income	_____	_____	_____
17. Other: _____	_____	_____	_____
Subtotal Earned	\$ 0	\$ 0	\$ 0
18. Total Income (A+B)	\$ 0	\$ 0	\$ 0
II. EXPENSES			
A. PERSONNEL			
19. Artistic Full-time	_____	_____	_____
20. Other Artistic	_____	_____	_____
21. Administrative Full-time	_____	_____	_____
22. Other Administrative	_____	_____	_____
23. Technical Production Full-time	_____	_____	_____
24. Other Technical Production	_____	_____	_____
Subtotal Personnel	\$ 0	\$ 0	\$ 0

ORGANIZATION NAME:

ORGANIZATIONAL BUDGET SUMMARY (CONTINUED)

	06-07	07-08	08-09
II. EXPENSES (Continued)	(actual)	(current)	(projected)
B. OPERATING EXPENSES			
25. Facility Expenses/Space Rental	_____	_____	_____
26. Marketing	_____	_____	_____
27. Production/Exhibition	_____	_____	_____
28. Travel	_____	_____	_____
29. Fundraising Expenses (gross)	_____	_____	_____
30. Regranting	_____	_____	_____
31. Other (if greater than 10% include a schedule in Section D, Budget Notes)	_____	_____	_____
Subtotal Operating	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
32. Total Expenses (A+B)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
III. SURPLUS/DEFICIT	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
(Item 18 minus item 32)			

ORGANIZATION NAME:

ORGANIZATIONAL BUDGET SUMMARY (CONTINUED)

	06-07 (actual)	07-08 (current)	08-09 (projected)
III. Operating Surplus/Deficit (from previous page)	_____	_____	_____
IV. Carry-over fund balance at beginning of year; surplus/deficit	_____	\$ <u>0</u>	\$ <u>0</u>
V. Accumulated surplus/deficit (item III plus item IV; if appropriate, describe the plan to reduce deficit or utilize surplus in Section D, Budget Notes)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
VI. Other net adjustments to operating budget (explain in Section D, Budget Notes)	_____	_____	_____
VII. Balance at year end (item V plus item VI)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
VIII. Balance of endowment fund	_____	_____	_____
IX. Cash Reserve			
X. Balance of non-operating capital fund(s)			
XI. Loan(s), Outstanding (specify nature of loans in Section D, Budget Notes)			
XII. In-kind contributions (include a schedule in Section D, Budget Notes)			
XIII. Pass-through funds (i.e., as fiscal agent, etc.)			

ORGANIZATION NAME:

D. BUDGET NOTES AND SCHEDULES

You are **required** to provide budget notes to explain significant changes (10 percent or more) in income and expense line items from year to year. If necessary, include summary schedules based on the organization's financial statements. (Note: Unexplained changes in income or expenses and/or surplus/deficit positions from year to year may reflect negatively on your application.) **All In-kind (XII) contributions must be discussed in this section for SLP's who do not provide a dollar for dollar match. (Clearly identify areas of budget notes with headings)**

(Maximum: Unlimited)

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ORGANIZATION NAME:

E. ORGANIZATIONAL INFORMATION

On this page, briefly describe only the following points: (a) the organization's history and purpose; (b) its relationship to local government (Organizations that are city or county commissions should explain their government structure); (c) how the arts agency obtains community input; (d) the profile of the artistic community in the county served by the arts agency. If you are a first time applicant include history of community cultural planning, and or other issues relevant to your County or agency.

(Maximum: 5,000 characters) equivalent to 1 page

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ORGANIZATION NAME:

F. GRANT REQUEST SUMMARY / FUNDING CRITERIA

1. Summarize your request (General Operating Support):

(Maximum: 100 characters)

2. Describe how your agency meets the three funding criteria: (1) Local Arts Networking and Facilitation; (2) Accessibility; and (3) Managerial and Fiscal Competence.

(Maximum: 10,000 characters - equivalent to 2 pages)

ORGANIZATION NAME:

G. GRANT REQUEST BUDGET (GENERAL OPERATING SUPPORT)

A. PERSONNEL	Rate of Pay	Expense	CAC/SLPP Grant	Applicant Match
Executive Director	_____	_____	_____	_____
Assist/Assoc Director	_____	_____	_____	_____
Other Staff	_____	_____	_____	_____
Artistic (include production and technical personnel)	_____	_____	_____	_____
Outside Professional Services	_____	_____	_____	_____
Subtotal		<u>0</u>	<u>0</u>	<u>0</u>

B. OPERATING EXPENSES	Rate (if applicable)	Expense	CAC/SLPP Grant	Applicant Match
Rent Space	_____	_____	_____	_____
Rental Equipment	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____
Travel (in state)	_____	_____	_____	_____
Regranting	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
Subtotal		<u>0</u>	<u>0</u>	<u>0</u>
Grand Total		<u>0</u>	<u>0</u>	<u>0</u>

Total of Grant + Match (equals Grand Total of expenses) 0

C. SOURCE OF MATCH (identify income sources of Applicant Match)

Local Government/County	\$ _____
Local Government/Cities	\$ _____
Foundation/Corporate Contributions	\$ _____
Private Contributions	\$ _____
Earned Income	\$ _____
In-Kind	\$ _____
Other (specify) _____	\$ _____
Total Match	\$ 0

ORGANIZATION NAME:

H. CURRENT PROGRAMMING DESCRIPTION

Using the space provided describe the current agency programs.
(Maximum: 1,500 characters each - equivalent to 1 paragraph)

- ☐ 1. Regranting: (must also complete Section K)
- ☐ 2. Technical Assistance:
- ☐ 3. Touring/Presenting:
- ☐ 4. Galleries/Exhibitions Accessible to the Public:
- ☐ 5. Percent for Art Ordinance/Art in Public Places Program:
- ☐ 6. Arts in Education (must also complete Section L)
- ☐ 7. Newsletter/Calendar/Information Services (i.e., directories, mailing list, resources library):
- ☐ 8. Fairs/Festivals (sponsored by applicant):
- ☐ 9. Conferences (sponsored by applicant):
- ☐ 10. Other:

ORGANIZATION NAME:

I. PROGRAM CHANGES OVER THE PAST YEAR

Describe significant staff, budget, and/or programming changes in the last year.

(Maximum: 2500 characters - equivalent to half a page)

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J. NEW PROGRAMS, SERVICES, OR ACTIVITIES PLANNED

Describe new programs, services, or activities planned to begin in 2008 and or 2009.

(Maximum: 2500 characters - equivalent to half a page)

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ORGANIZATION NAME:

K. REGRANTING PROCESS DESCRIPTION

Attach copies of the most recent regrant program guidelines/application, and lists of all grantees for the last completed cycle to the end of the application.

1. Amount allocated for regranting in FY 2005-06: \$ _____
FY 2006-07: \$ _____

For FY 2006-07, complete the following:

A. Check all applicable sources utilized for regranting funds:

- | | |
|--|--|
| <input type="checkbox"/> SLPP | <input type="checkbox"/> Transient Occupancy Tax (hotel/motel/bed tax) |
| <input type="checkbox"/> City General Fund | <input type="checkbox"/> Earned Income |
| <input type="checkbox"/> County General Fund | <input type="checkbox"/> Unearned income (foundation, corporate, business, or individual donations and grants) |
| <input type="checkbox"/> Other: describe _____ | |

B. Number of grants awarded:

_____ Individuals _____ Organizations

Using the table, indicate the range of the dollar amount of awards:

Regranting Awards 2006-07					
Organization			Individuals		
Grant Category	Minimum Award	Maximum Award	Grant Category	Minimum Award	Maximum Award

B. For individual grants, check the type of grants awarded.

- ☐ Fellowship
☐ Residency in Schools, Communities, and/or Social Institutions
☐ Other: describe _____

2. Does your organization use a peer review panel system in making grant allocations?

☐ Yes ☐ No

If no, describe who makes grant decisions and their qualifications.

(Maximum: 1500 characters - equivalent to one paragraph)

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ORGANIZATION NAME:

L. ARTS IN EDUCATION DESCRIPTION

1. FUNDING ALLOCATION

	County Partner	School/Collaborator Match
Funding allocated in FY 2006-07	\$ _____	\$ _____
Funding available in FY 2007-08	\$ _____	\$ _____
Funding projected for FY 2008-09	\$ _____	\$ _____
 2. For FY 2006-07, answer the following:

Payment to Artists:	\$ _____	Rate of pay to residency artists \$ _____ per _____
Administrative Salaries:	\$ _____	Number of residency artists: _____
Operating Expenses:	\$ _____	Number of residencies sites: _____
Total AIE Program Budget:	\$ _____	Length of residencies: _____
		Estimated number of students served: _____
Number of performing arts presentations: _____		
Rate of pay per performance: _____		
Estimated number of students served: _____		
- Questions 3 – 7: (Maximum: 1500 characters each - equivalent to a paragraph)
3. State the agency's arts in education philosophy or mission statement.
 4. Describe the artists screening process including the criteria for judging the artist's professional qualifications.
 5. Describe the agency's artist training and orientation process.
 6. Describe how the training reflects the State Department of Education's **Visual and Performing Arts Framework**.
 7. Describe how the agency collaborates with CCSESA, schools and/or communities (non-school) agencies.

ORGANIZATION NAME:

M. BOARD LIST

Use the format below. (Maximum: 10,000 characters)

Board Member/City of Residence	Professional and Avocational Affiliation	Tenure (year service began)
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N. ADVISORY BOARD(S)

Use the format below. (Maximum: 10,000 characters)

Type of Advisory Board(s)

Board Member/City of Residence	Professional and Avocational Affiliation	Tenure (year service began)
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O. STAFF LIST

In the space provided include a one paragraph biography of all key staff members.
(Maximum: 10,000 characters)

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